

Briaroaks Fire Department

LIABILITY WAIVER AND CONFIDENTIALITY AGREEMENT

I, the undersigned, a private person/adult for and in the sole consideration of the privilege of riding as a guest and voluntary observer in any fire apparatus, or any other equipment/apparatus operated by members of the Briaroaks Fire Department, during the ride-along period recognizing that routine fire activity/training involves certain inherent dangers, do hereby agree to assume the risks attendant to such activity, including but not limited to: property damage and/or personal injury to me as a result of motor vehicle accidents on either public streets or private property; property damage and/or personal injury to me as a result of acts associated with emergency and non-emergency activities including, but not limited to fire suppression, rescues, emergency medical training and fire prevention. I hereby waive all claims, release, indemnify, and hold harmless the Briaroaks Fire Department, agents, and employees, in both their public and private capacities, from any and all liability, claims, suits, demands, or causes of action which may arise from riding as a voluntary observer on a Fire Department vehicle, including any negligence by them or their agents, representatives, and employees. I hereby specifically agree to indemnify the Briaroaks Fire Department, agents and employees, in both their public and private capacities, from the consequence of any and all negligence attributable to them. It is further agreed that the execution of the above agreement shall not constitute a waiver by the Briaroaks Fire Department of the defense of governmental immunity, where applicable, or any other defense recognized by the Courts of the State. The above and forgoing agreement has been read and fully understood by the undersigned as indicated by the attached signature.

I further agree to abide by the following:

Protected Health Information Confidentiality Agreement

Security and confidentiality is a matter of concern for all persons who have access to Briaroaks Fire Department protected healthcare information (PHI). Each person accessing Briaroaks Fire Department PHI data and resources holds a position of trust relative to this information and must recognize the responsibilities entrusted in preserving the security and confidentiality of PHI information. During your ride along, you may come into contact with PHI through observation or other means. This information is protected by federal law and dissemination to unauthorized persons is a violation of federal law. By signing below, you agree to keep all PHI confidential and not reveal such information to anyone except as authorized or required by law. Any violation of this confidentiality agreement may be subject to criminal and civil penalties under state and federal laws. In addition, violations of this agreement will result in immediate denial of ride out/access privileges. By signing this, I agree that I have read, understood, and will comply with this Agreement.

Signed, this the _____ day of _____, _____.

Signature: _____